	ORMATION REQUEST OW INSTRUCTIONS (front and back) CAREF	ULLY	Isu u a assi		_					
	AME & PHONE OF CONTACT [optional]		FILING OFFI	CE ACCT#						
. RI	ETURN TO: (Name and Address)			_						
	L			_		THE ABOVE	SPACE IS	S FOR FILING OFF	ICE USE	ONLY
	EBTOR NAME to be searched - insert only one a. ORGANIZATION'S NAME	debtor nam	ie (1a or 1b) - de	o not abbreviat	e or combine	names				
٦ ٦	b. INDIVIDUAL'S LAST NAME			FIRST NAME			MIC	DDLE NAME		SUFFIX
	FORMATION OPTIONS relating to UCC file. SEARCH RESPONSE CERTIFIED (C		other notices of	on file in the	filing office	that include as a	Debtor n	ame the name ider	ntified in ite	əm 1:
za		_	heck this box	to request a	response th	at is complete, i	ncluding	filings that have lap	osed.)	UNLAPS
2b	. COPY REQUEST CERTIFIED (C	_								•
_	Select one of the following two options:	ALL		NLAPSED						
2c	. SPECIFIED COPIES ONLY CEF	RTIFIED (C	Optional)							
	Record Number	Date R	ecord Filed (	if required)	Type of R	ecord and Add	itional Ic	lentifying Informa	ıtion (if rec	quired)
Λ.	ODITIONAL SERVICES:									
ΑL	DDITIONAL SERVICES:									

	ORMATION REQUEST					
	OW INSTRUCTIONS (front and back) CAREF AME & PHONE OF CONTACT [optional]	FILING OFF	ICE ACCT #			
B. RE	ETURN TO: (Name and Address)					
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			_	THE ABOV	E SPACE IS FOR FILING OFFIC	CE USE ONLY
	EBTOR NAME to be searched - insert only one a. ORGANIZATION'S NAME	debtor name (1a or 1b) - c	lo not abbreviat			
					1	Laurani.
1	b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
	FORMATION OPTIONS relating to UCC file		on file in the	filing office that include as	a Debtor name the name identi	fied in item 1:
2a	. SEARCH RESPONSE	-	to request a	response that is complete	, including filings that have laps	ed.) UNLAPSED
2b	. COPY REQUEST CERTIFIED (O Select one of the following two options:		JNLAPSED			
2c		TIFIED (Optional)	INLAPSED			
	Record Number	Date Record Filed	(if required)	Type of Pocerd and Ac	dditional Identifying Informati	on (if required)
	Trecord Namber	Date Necola Filed	( ii required)	Type of Necord and Ac	dulional identifying informati	orr (ir required)
3. AE	DDITIONAL SERVICES:					
4. DE 4a	ELIVERY INSTRUCTIONS (request will be compl . Pick Up	eted and mailed to the ad	dress shown in	item B unless otherwise instr	ucted here):	
4b	H					

\. IV	IAME & PHONE OF CONTACT [optional]	REFULLY	FILING OFFICE ACC	T#			
			FILING OFFICE ACC	51#			
R	RETURN TO: (Name and Address)						
					THE ABOVE S	SPACE IS FOR FILING OFF	FICE USE ONLY
	EBTOR NAME to be searched - insert only 1a. ORGANIZATION'S NAME	<u>one</u> debtor nar	ne (1a or 1b) - do not ab	breviate or con	bine names		
۲ 1	1Ь. INDIVIDUAL'S LAST NAME		FIRST	NAME		MIDDLE NAME	SUFFIX
IN	IFORMATION OPTIONS relating to UC	C filings and	other notices on file i	n the filing of	fice that include as a	Debtor name the name ider	ntified in item 1:
	a. SEARCH RESPONSE CERTIFIED	O(Optional)					_
2ŀ	Select <u>one</u> of the following two options:  b. COPY REQUEST CERTIFIED	O (Optional)	heck this box to requ	est a respon	se that is complete, in	ncluding filings that have lap	osed.) UNLAPS
	Select one of the following two options:	ALL	UNLAP	SED			
20	c. SPECIFIED COPIES ONLY	CERTIFIED (	Optional)				
	Record Number	Date R	ecord Filed (if requ	ired) Type	of Record and Add	tional Identifying Informa	ation (if required)
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